

VAN NUYS MAIN POST OFFICE
VAN NUYS, California
914069998
0581020420-0091
10/24/2015 (800)275-8777 01:22:39 PM

Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
SYLMAR CA 91342-1437 Zone-1		\$0.49
First-Class Mail Letter		
0.90 oz.		
Expected Delivery: Mon 10/26/15		
@@ Certified Mail		\$3.45
USPS Certified Mail #:		
70150920000138/52563		
# Return Receipt		\$2.80
Label #:		
9590940301185077898883		
Issue Postage:		=====
		\$6.74

LOS ANGELES CA 90030-0158		\$0.49
Zone-1		
First-Class Mail Letter		
0.90 oz.		
Expected Delivery: Mon 10/26/15		
@@ Certified Mail		\$3.45
USPS Certified Mail #:		
70150920000138752556		
# Return Receipt		\$2.80
Label #:		
9590940301185077898890		
Issue Postage:		=====
		\$6.74

Total: \$13.48

Paid by:
VISA \$13.48
Account #: XXXXXXXXXXXXX0862
Approval #: 556373
Transaction #: 433
23903601128

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

BRIGHTEN SOMEONE'S MAILBOX. Greeting
cards available for purchase at
select Post Offices.

In a hurry? Self-service kiosks
offer quick and easy check-out. Any
Retail Associate can show you how.

After delivery, use this tracking
number to track your Return Receipt.

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000905143441
Clerk:46

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

Go to:
<https://postalexperience.com/Pos>
or scan this code with your mobile
device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Customer® Copy

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Michael H. Hinton</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: LAPD Recs + Id Div Box 30158 LA, CA 90030</p>		<p>B. Received by (Printed Name) <i>Michael H. Hinton</i></p> <p>C. Date of Delivery NOV 02</p>	
<p>2. Article Number (Transfer from service label) 920 0001 3875 2556</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>			

9590 9403 0118 5077 8988 90

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0920 0001 3875 2556

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

LOS ANGELES CA 90030

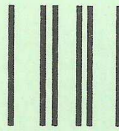
Postage	\$ 43.45	0420 46 Postmark Here 10/24/2015
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	N/A	
Total Postage & Fees	\$46.25	

Sent To *LAPD Rec + Id Div*

Street & Apt. No., or PO Box No. *Box 30158*

City, State, ZIP+4 *LA, CA 90030*

PS Form 3800, July 2014 See Reverse for Instructions



• Sender: Please print your name, address, and ZIP+4® in this box•

Kathy Gold
11100 - 8 Sepulveda Blvd B512
Mission Hills, CA 91345

USPS TRACKING#



9590 9403 0118 5077 8488 90

Certified Mail service provides the following benefits:

- A Certified Mail receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service® for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, you may request the following services:
 - Return receipt service, which provides you with a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your

mailpiece; include applicable postage to cover the return receipt service fee; and endorse the mailpiece "Return Receipt Requested," or see a retail associate for assistance. For an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt, present this USPS®-postmarked Certified Mail receipt to the retail associate, who will provide a duplicate return receipt for no additional fee.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent. Include applicable postage to cover the restricted delivery fee and endorse the mailpiece "Restricted Delivery," or see a retail associate for assistance.
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

Los Angeles Police Department
Records and Identification Division
Box 30158
Los Angeles, CA 90030

October 24, 2015

Dear LAPD,

I just called (213)486-8130 and after the message, the phone system was unable to route me to the people who handle as it was unavailable. I've called several times over the past few months and I got the same response.

How much does copies of my police report cost for this case. Attached is the Investigative Report and what I was given from the police front desk guy that took the report.

Please send the amount to:

Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

Then after I get that amount, then I can write a check and send that to you to get a copy of the police report for this case.

Thank You,

Kathy Gold



Edmund G. Brown Jr.
Attorney General
State of California



Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect**
To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant**
To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions**
To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information**
To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- 5. Refusal to be Interviewed by the Defense**
To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- 6. Conference with the Prosecution and Notice of Pretrial Disposition**
To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.
- 7. Notice of and Presence at Public Proceedings**
To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceedings.
- 8. Appearance at Court Proceedings and Expression of Views**
To be heard, upon request, at any proceeding, including any delinquency proceeding, involving a post-arrest release decision, plea, sentencing, post-conviction release decision, or any proceeding in which a right of the victim is at issue.

- 9. Speedy Trial and Prompt Conclusion of the Case**
To a speedy trial and a prompt and final conclusion of the case and any related post-judgment proceedings.
- 10. Provision of Information to the Probation Department**
To provide information to a probation department official conducting a pre-sentence investigation concerning the impact of the offense on the victim and the victim's family and any sentencing recommendations before the sentencing of the defendant.
- 11. Receipt of Pre-Sentence Report**
To receive, upon request, the pre-sentence report when available to the defendant, except for those portions made confidential by law.
- 12. Information About Conviction, Sentence, Incarceration, Release, and Escape**
To be informed, upon request, of the conviction, sentence, place and time of incarceration, or other disposition of the defendant, the scheduled release date of the defendant, and the release of or the escape by the defendant from custody.
- 13. Restitution**
- A. It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
 - B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
 - C. All monetary payments, monies, and property collected from any person who has been ordered to make restitution shall be first applied to pay the amounts ordered as restitution to the victim.
- 14. The Prompt Return of Property**
To the prompt return of property when no longer needed as evidence.
- 15. Notice of Parole Procedures and Release on Parole**
To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.
- 16. Safety of Victim and Public are Factors in Parole Release**
To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.
- 17. Information About These 16 Rights**
To be informed of the rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices

To obtain information on the Victim Witness Assistance Center nearest to you contact:

Attorney General's Victim Services Unit
1-877-433-9069



Page _____ of _____ 03.01.00 (08/15)		Los Angeles Police Department				UCR CODE _____		<input type="checkbox"/> COMBINED EVID. REPORT			
		INVESTIGATIVE REPORT				CC: _____		<input type="checkbox"/> MULTIPLE DRS ON THIS REPORT			
CASE SCREENING FACTOR(S)		BATTERY (S/A)		INVEST DIV. TOP		INC # 15082000		DR # 4643			
<input type="checkbox"/> SUSPECT/VEHICLE NOT SEEN <input checked="" type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT <input checked="" type="checkbox"/> MO NOT DISTINCT <input checked="" type="checkbox"/> PROPERTY LOSS LESS THAN \$5,000 <input checked="" type="checkbox"/> NO SERIOUS INJURY TO VICTIM <input checked="" type="checkbox"/> ONLY ONE VICTIM INVOLVED		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) GOLD, KATHLEEN MARIE		SEX F	DESC WHT	HT 0502	WT 165	AGE 48	DOB 12/17/1966
				ADDRESS R- 11100 Sepulveda Blvd Mission Hills, Ca		ZIP 91345		PHONE (818) 235-6370		<input checked="" type="checkbox"/> X <input type="checkbox"/>	
				B- _____						<input type="checkbox"/>	
PREMISES (SPECIFIC TYPE) <input type="checkbox"/> ATM Business N				E-MAIL ADDRESS info@kathygold.com				CELL PHONE _____			
				DR. LIC. NO. (IF NONE, OTHER ID & NO.) C3887460		FOREIGN LANGUAGE SPOKEN _____		OCCUPATION UNEMPLOYED			
ENTRY 459/BFV POINT OF ENTRY POINT OF EXIT <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> OTHER		METHOD INSTRUMENT/TOOL USED _____		LOCATION OF OCCURRENCE SAME AS V'S <input type="checkbox"/> RES. <input type="checkbox"/> BUS. 23739 Victory Blvd West Hills		R.D. 2141		PRINTS BY PREL. INV. ATTEMPT <input type="checkbox"/> Y <input type="checkbox"/> N OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			
				DATE & TIME OF OCCURRENCE 08/20/2015 16:50 08/20/2015 17:00		DATE & TIME REPORTED TO PD 08/20/2015 18:40					
				TYPE PROPERTY STOLEN/LOST/DAMAGED <input type="checkbox"/> 03.04.00 GIVEN		STOLEN/LOST \$0		RECOVERED \$0		EST. DAMAGED ARSON / VAND. \$0	
VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.		NOTIFICATION(S) (PERSON & DIVISION)		CONNECTED REPORT(S) (TYPE & DR #)							
MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.											
Susp and Vict were involved in an argument, Susp pushed Vict with both open hands, Susp remained at loc, while Vict left location											
MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM <input checked="" type="checkbox"/> MOTIVATED BY HATRED/PREJUDICE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>											
REPORTING EMPLOYEE(S)		INITIALS, LAST NAME Rodriguez		SERIAL NO. 40060		DIV./DETAIL TOP		PERSON SIGNATURE REPORTING		OR RECEIVED BY PHONE <input type="checkbox"/>	
				DESK		NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.					

THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION

KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPANOL AL REVERSO.

Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.

TO REPORT ADDITIONAL INFORMATION: If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number _____. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

COPY OF REPORT: If you wish to purchase a copy of the complete report, phone (213) 486-8130 to obtain the purchase price. Send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims; 2) Type of report and DR number (if listed above); 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

DR NUMBER: If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

CREDIT CARDS/CHECKS: Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE:

- * Keep this memo for reference.
- * If stolen items have serial numbers not available at time of report, attempt to locate them and phone them to the detective at the listed number.
- * If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
- * Promptly report recovery of property.
- * Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

VICTIM-WITNESS ASSISTANCE PROGRAM: The Los Angeles City and County Victim-Witness Assistance Program (VWAP) can help to determine if you qualify for Victim of Violent Crime compensation. If you qualify, they will assist with filling your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. Their staff may also assist you with other problems created by the crime.

To find the program location nearest to you, call the Victim-Witness Assistance Program at the Los Angeles City Attorney's Office (213) 485-6976, or the Los Angeles County District Attorney's Office (800) 380-3811.

VICTIMS OF VIOLENT CRIME COMPENSATION: Refer to paragraph at bottom of reverse side.

LOS ANGELES POLICE DEPARTMENT

CHARLIE BECK
Chief of Police



ERIC GARCETTI
Mayor

P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 486-8100
FAX: (213) 486-8125
TDD: (877) 275-5273
Ref #: 10.4

Date: AUDIT NOV 04 2015 8525

No payment

Dr # 1521-14414
[400

Dear Requestor:

The Los Angeles Police Commission, with the approval of the Los Angeles City Council, has directed that a service fee of \$24.00 be charged for each request made to obtain a report from the Los Angeles Police Department (LAPD). Your request to obtain a copy of a police report is being returned to you for one of the following reasons:

- ☐ The check/money order was enclosed without a signature.
- ☐ The check/money order had an unacceptable date.
- ☒ The check/money order was not in the amount of \$24.00.
- ☐ The check/money order was not payable to the LAPD.
- ☐ The check did not have the name and/or address pre-printed on it.
- ☐ The money order did not have the name and/or address written on it.
- ☐ No payment was enclosed with your written request.
- ☐ There is no report on file with LAPD, therefore, Check No. _____ is being returned.

Please resubmit your original correspondence with the requested information checked above to the following address:

Los Angeles Police Department
Records and Identification Division
P.O. Box 30158
Los Angeles, CA 90030

If you have any questions regarding this matter, please contact the Audit Unit supervisor at (213) 486-8100.

Very truly yours,

CHARLIE BECK
Chief of Police

A handwritten signature in cursive script, appearing to read "T. Carter".

TERRY L. CARTER, Police Administrator
Commanding Officer
Records and Identification Division

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
www.LAPDOnline.org
www.joinLAPD.com

02/2015-02

LOS ANGELES POLICE DEPARTMENT
P.O. BOX 30158
LOS ANGELES, CA 90030

10.4

APR 5

Kathy Good AS 12
11100-8 Sepulveda Blvd
Mission Hills, CA 91345

91345134



neopost
11/05/2015
US POSTAGE

FIRST-CLASS MAIL

\$00.70⁵

ZIP 90012
041111247898

AUDIT NOV 04 2015 8525

Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

Los Angeles Police Department
Records and Identification Division
Box 30158
Los Angeles, CA 90030


December 4, 2015

Enclosed, please find \$24.00 and my original correspondence for the police report.

Please send the police report to:

Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

Thank You,


Kathy Gold

KATHY GOLD
11100-8 SEPULVEDA BLVD 512
MISSION HILLS, CA 91345-1101

12/5/2015
Date

Pay to the
Order of

LAPD

\$ 2400

Twenty Four & 00/100

Dollars



Security
Features
Details on
Back.

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Wells Fargo Bank, N.A.
California
wellsfargo.com

For For Police Report

Kathy Gold

MP

02996

LOS ANGELES POLICE DEPARTMENT

CHARLIE BECK
Chief of Police



ERIC GARCETTI
Mayor

P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 486-8100
FAX: (213) 486-8125
TDD: (877) 275-5273
Ref #: 10.4

Date: AUDIT NOV 04 2015 8525

No payment

Dr # 1521-14414
1400

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Very truly yours,

CHARLIE BECK
Chief of Police

TERRY L. CARTER, Police Administrator
Commanding Officer
Records and Identification Division

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
www.LAPDOnline.org
www.joinLAPD.com

02/2015-02

Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

Los Angeles Police Department
Records and Identification Division
Box 30158
Los Angeles, CA 90030

October 24, 2015

Dear LAPD,

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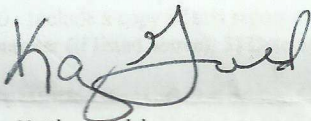
How much does copies of my police report cost for this case. Attached is the Investigative Report and what I was given from the police front desk guy that took the report.

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Kathy Gold
11100-8 Sepulveda Blvd, #512
Mission Hills, CA 91345

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Thank You,



Kathy Gold

VICTIMS OF VIOLENT CRIME COMPENSATION: Refer to paragraph at bottom of reverse side.



Edmund G. Brown Jr.
Attorney General
State of California



Victims' Bill of Rights
Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

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To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
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To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
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13. Restitution

- A. It is the unequivocal intention of the People of the State of California that all persons who suffer losses as a result of criminal activity shall have the right to seek and secure restitution from the persons convicted of the crimes causing the losses they suffer.
- B. Restitution shall be ordered from the convicted wrongdoer in every case, regardless of the sentence or disposition imposed, in which a crime victim suffers a loss.
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To the prompt return of property when no longer needed as evidence.

15. Notice of Parole Procedures and Release on Parole
To be informed of all parole procedures, to participate in the parole process, to provide information to the parole authority to be considered before the parole of the offender, and to be notified, upon request, of the parole or other release of the offender.

16. Safety of Victim and Public are Factors in Parole Release
To have the safety of the victim, the victim's family, and the general public considered before any parole or other post-judgment release decision is made.

17. Information About These 16 Rights
To be informed of the rights enumerated in paragraphs (1) through (16).

For more information on Marsy's Law, visit the Attorney General's website at: www.ag.ca.gov/victimservices

To obtain information on the Victim Witness Assistance Center nearest to you contact:
Attorney General's Victim Services Unit
1-877-433-9069



File Name: C:\Users\G8547\Documentum\Viewed\8364cb82-LAPD-4276.tif

User Name: G8547

Date: Thursday, December 17, 2015

Time: 9:13:08 PM

Note: KATHY GOLD

Los Angeles Police Department
INVESTIGATIVE REPORT

UCR CODE CC: 624 ☐ COMBINED EVID. REPORT
MULTIPLE DRS ON THIS REPORT

REPORT OF:

BATTERY (S/A)

INVEST DIV. TOP

INC # 15082000

7643

DR # 182114414

CASE SCREENING FACTOR(S)

- ☐ SUSPECT/VEHICLE NOT SEEN
☒ PRINTS OR OTHER EVIDENCE NOT PRESENT
☒ MO NOT DISTINCT
☒ PROPERTY LOSS LESS THAN \$5,000
☒ NO SERIOUS INJURY TO VICTIM
☒ ONLY ONE VICTIM INVOLVED

VICTIM

LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS)
GOLD, KATHLEEN MARIE

SEX F

DESC WHT

HT 0502

WT 165

AGE 48

DOB 12/17/1966

ADDRESS
R - 11100 Sepulveda Blvd Mission Hills, Ca

ZIP 91345

PHONE (818) 235-6370

☒

B -

E-MAIL ADDRESS info@kathygold.com

CELL PHONE

DR. LIC. NO. (IF NONE, OTHER ID & NO.)
C3887460

FOREIGN LANGUAGE SPOKEN

OCCUPATION

UNEMPLOYED

PREMISES (SPECIFIC TYPE)

Business

☐ ATM
N

ENTRY 458/BFV POINT OF ENTRY

POINT OF EXIT

LOCATION OF OCCURRENCE

SAME AS V'S

☐ RES.

☐ BUS.

R.D.

PRINTS BY PREL. INV. ATTEMPT OBTAINED

- ☐ FRONT
☐ REAR
☐ SIDE
☐ ROOF
☐ FLOOR
☐ OTHER

METHOD

23739 Victory Blvd West Hills

DATE & TIME REPORTED TO PD

DATE & TIME OF OCCURRENCE

08/20/2015 1650

08/20/2015 1700

08/20/2015 1840

INSTRUMENT/TOOL USED

TYPE PROPERTY STOLEN/LOST/DAMAGED

03.04.00 GIVEN

STOLEN/LOST

RECOVERED

EST. DAMAGED ARSON / VAND.

VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.

NOTIFICATION(S) (PERSON & DIVISION)

CONNECTED REPORT(S) (TYPE & DR #)

MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.

Susp and Vict were involved in an argument, Susp pushed Vict with both open hands, Susp remained at loc, while Vict left location

MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM

☒

MOTIVATED BY HATRED/PREJUDICE

☐ DOMESTIC VIOLENCE

REPORTING EMPLOYEE(S)

INITIALS, LAST NAME

SERIAL NO.

DIV/DETAIL

PERSON REPORTING

SIGNATURE

OR RECEIVED BY PHONE

Rodriguez

40060

TOP

DESK

NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.

Complete below sections if any CASE SCREENING FACTOR(S) boxes are not checked.

SUSP'S VEHICLE	YEAR	MAKE	MODEL	TYPE	INTERIOR	EXTERIOR	BODY	WINDOWS
						<input type="checkbox"/> 1 CUSTOM WHEELS <input type="checkbox"/> 2 PAINTED INSCRIPT <input type="checkbox"/> 3 LEVEL ALTERED <input type="checkbox"/> 4 RUST/PRIMER <input type="checkbox"/> 5 CUSTOM PAINT <input type="checkbox"/> 6 VINYL TOP	<input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 MODIFIED <input type="checkbox"/> 3 STICKER <input type="checkbox"/> 4 LEFT	<input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 CUST. <input type="checkbox"/> 3 CURTAINS <input type="checkbox"/> 4 LEFT
COLOR(S)		VER. LIC. NO.			<input type="checkbox"/> 1 BUCKET SEATS <input type="checkbox"/> 2 DAMAGED INSIDE			

SEX	DESC	HAIR	EYES	HEIGHT	WEIGHT	AGE	CLOTHING	NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
F	O	BRO	H2L	5035	HEAVY	30-40	UNK	
PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)								WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.) BODILY FORCE
PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)								WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)

INVOLVED PERSON(S)								
W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; CP - CONTACT PERSON (DOMESTIC VIOLENCE)								
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
				R -				
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN		B -		
				E-MAIL ADDRESS		CELL PHONE		
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
				R -				
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN		B -		
				E-MAIL ADDRESS		CELL PHONE		
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
				R -				
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN		B -		
				E-MAIL ADDRESS		CELL PHONE		

COMBINED EVID. RPT.		USE THIS SECTION IN LIEU OF PROPERTY REPORT IF NO GUN AND NO MORE THAN THREE ITEMS OF EVIDENCE.		LOC. EVID. BKD.	10.10.00 GIVEN?	Preliminary Drug Test	SUPV/INV. OFCR. TESTING SERIAL NO.	WITNESS OFCR.	SERIAL NO.
ITEM	QUAN.	ARTICLE	SERIAL NO./TYPE TEST OF DRUG	BRAND/DRUG WEIGHT, UNITS	<input type="checkbox"/> Y <input type="checkbox"/> N				

NARRATIVE USE THE FOLLOWING HEADINGS TO DOCUMENT ALL INFORMATION REGARDING THE INVESTIGATION: ADDITIONAL PERSONS INVOLVED (represented by type); SOURCE OF ACTIVITY; INVESTIGATION; ARREST; INJURY/MEDICAL TREATMENT; PHOTOS, RECORDINGS, VIDEOS, DUV, BMY, AND DIGITAL IMAGING; BOOKING; EVIDENCE CANNASSING; ADDITIONAL; COLLISION SUMMARY; PROPERTY STOLEN/LOST/RECOVERED/DAMAGED; AND COURT INFORMATION. NOTE: ANY OF THESE HEADINGS MAY BE OMITTED IF NOT APPLICABLE. SEE GENERAL REPORTING INSTRUCTIONS-FIELD NOTEBOOK DIVIDER, FORM 18.30.00, AND INVESTIGATIVE REPORT-FIELD NOTEBOOK DIVIDER, FORM 18.30.01, FOR FURTHER INFO.

VICTIM INDEMNIFICATION INFORMATION (IF APPLICABLE)				IS ANY OF THE VICTIM'S PROPERTY MARKED WITH AN OWNER APPLIED IDENTIFICATION NUMBER? IF YES, EXPLAIN IN NARRATIVE.	
SUPERVISOR APPROVING DATE & TIME REPRODUCED 10-21-15 0458				YES <input type="checkbox"/> NO <input type="checkbox"/>	
APPROVAL AND REVIEW		SERIAL NO. 26896 TOP DIVISION TOP		DETECTIVE SUPERVISOR REVIEWING SERIAL NO.	
		CLERK DR DIVISION 2		CATEGORY	

DPU SEP 25 2015 4 30 1

SECURITY SERVICES DIV

CTSOB MAJOR CRIMES

SHOTS FIRED

USE OF FORCE

NARCOTICS - STOLEN

GND/IGIT

FIREARM STOLEN/LOST - DSVLD & R&I

CRIME PROPERTY TT SUPVR

CHILD ABUSE JUVENILE DIV

EXTRA COPIES

CONTINUATION SHEET

Los Angeles Police Department

PAGE NO. 2		TYPE OF REPORT Battery (s/a)				BOOKING NO.		DR NO. 15214414	
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)			DOLLAR VALUE

VICTIM:Gold, Kathleen

Female/White

DOB 12/17/66

SUSPECT: unk

Female/Other

30-40 years old

SOURCE OF ACTIVITY:

On 08/20/15, at approximately 1840, I, Officer Rodriguez, Serial #40060 was working in full uniform assigned to Topanga's Front Desk, **Incident #150820004643 RD 2141**

INVESTIGATION:

Victim, (Gold, Kathleen) stated on 08/20/15, at approximately 1650 hrs, she was at the 76 Gas Station mini mart, (located at 23739 Victory Blvd) talking to the employees. During her conversation, an unknown female walked up and stood next to her and began arguing regarding the statements she was making. The Vict put her right hand up and stated, "you're being nosey". The Suspect (female/other) became enraged and stepped a few inches in front of her face and began yelling and cursing at the Vict. The Vict stated with both hands up and open, the Susp pushed the Vict flat on her chest knocking her back and off balance. The Vict grabbed her property, leaving the Susp in the mini mart and walked out. She then fled into her vehicle and in an unknown direction leaving the suspect behind.

INJURY/MEDICAL TREATMENT

None

PHOTOS, RECORDINGS, VIDEOS ,DICV, Digital Imaging:

Vict stated there is Video surveillance inside the mini mart

CONTINUATION SHEET

Los Angeles Police Department

PAGE NO. 3		TYPE OF REPORT Battery (s/a)				BOOKING NO.	DR NO. 152114414
ITEM NO.	QU AN	ARTICLE	SERIAL NO	BRAND	MODEL NO.	MISC DESCRIPTION (EG. COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC)	DOLLAR VALUE

ADDITIONAL:

A copy of Marsy's Law was given to the victim.

PROPERTY TAKEN / DAMAGED:

None

COURT INFORMATION:

I, Officer Rodriguez, can testify to the statements given by the Victim.

10.4 ARS
LOS ANGELES POLICE DEPARTMENT
P.O. BOX 30158
LOS ANGELES, CA 90030

Kathy Go
1100-8 Sepulveda Blvd #512
Mission Hills, CA 91345

91345131 0059



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